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## Participation/Registration Form

### PLEASE PRINT

Participant's First Name: \_\_\_\_\_ Receipt: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program/Activity: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Info (If under 18) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Doctor Name and Address: \_\_\_\_\_

Medical Conditions and or Allergies Please Explain: \_\_\_\_\_

### Waiver of Release

The participant for himself, herself, and as authorized representative of a spouse, or as a parent for a minor child, HEREBY AGREES TO RELEASE the Town of Merrillville, Indiana, Merrillville Parks and Recreation and its council, board members, employees, agents, and independent contractors, from any injuries and/or damages sustained by the participants, spouse, or minor child, in connection with the activity described above, or any transportation to or from, resulting from the NEGLIGENCE, in whole or in part of the parties hereby released.

I understand the Town of Merrillville staff may take photos or videos of participants in programs and events or people in the parks. I am aware that these may be used in future publications, on the Town website, or for local public access. The local press may cover activities and I grant them permission for the same.

Signature \_\_\_\_\_ Date \_\_\_\_\_